



SARAH STEELMAN, MISSOURI STATE TREASURER
MISSOURI FIRST LINKED DEPOSIT
STUDENT LOAN LOAN APPLICATION

1. Student Information:

Name: _____ Social Security #: _____
 Permanent Home Address: _____
 City: _____ State: _____ Zip Code: _____ Phone #: _____
 Have you ever defaulted on a student loan? Yes: _____ No: _____

2. Parent Information: (Complete if the parent is the borrower or co-signor)

Name: _____ Social Security #: _____
 Permanent Home Address: _____
 City: _____ State: _____ Zip Code: _____ Phone #: _____
 Have you ever defaulted on a student loan? Yes: _____ No: _____

3. Income Information:

Borrower's adjusted gross income from most recent federal income tax return: \$ _____

4. Loan/Lender Information: (To be completed by lending institution)

Financial Institution: _____ City: _____
 Contact Person: _____ Phone #: _____
Amount Requested: \$ _____ **New Request:** _____ **Increase:** _____ **Renewal:** _____
 Documentation attached of application for other financial assistance (Loan Officer must initial): _____

5. School Information: (To be completed by the financial aid office)

Name of School: _____ School Code: _____
 School Address: _____
 City: _____ State: _____ Zip Code: _____ Phone #: _____

Estimated cost of attendance: _____ \$

 Estimated financial aid from other sources for term of enrollment: \$ _____
 Cost Less Aid: \$ _____
 Student's Grade Level: _____ Student's Anticipated Graduation Date: _____
 Is the student enrolled: Full Time _____ Part Time _____

Authorized School Official/Financial Aid Officer: _____

Signature of Authorized School Official: _____

Title: _____ Name: _____

(Continued on other side)

6. Student Borrower Certification:

I hereby certify that I, the student borrower, meet the following eligibility criteria:

- (a) I am a citizen or permanent resident of the United States, and a resident of the State of Missouri who is enrolled or has been accepted for enrollment in an eligible higher education institution.*
- (b) I have applied for and obtain all need-based student financial aid for which I am eligible prior to application for a student loan, under the MISSOURI FIRST Linked Deposit Program.*
- (c) In the event that the loan proceeds are not used for allowable student financial aid, the remaining loan proceeds will be immediately returned to the lending institution and any loan proceeds already used shall be repaid to the lending institution as soon as practicable.*

I further certify that the above information is true and complete and that the reduced rate loan will be used exclusively to pay the costs of tuition, incidental fees, books, and academic supplies, room and board and other fees directly related to enrollment in an eligible higher education institution; that in no case shall the combination of all financial aid awarded to the student in any particular enrollment period exceed the total cost of attendance at the institution in which I, the student recipient, am enrolled; that the cumulative total of my Student Loans under the MISSOURI FIRST Linked Deposit program does not exceed \$23,000 for undergraduate enrollment or \$65,500 for graduate and professional enrollment, and that I am aware of the Conflict of Interest Policy adopted by the State Treasurer's Office and I comply with that policy. Additionally, I attest that I am in compliance with all state and federal laws.

Student's Name (type or print)

Parent's Name (type or print)

Student's Signature

Parent's Signature

Attested by Lender:

Based on the information presented to me, I find the applicant eligible to participate in the MISSOURI FIRST Linked Deposit Program and approve this loan.

For Lender:

Signature

Title

Date

Note: The lender must issue the loan proceeds in a draft payable to the eligible student borrower and the eligible higher education institution as co-payees. The draft must also include the borrower's social security number.

Americans with Disabilities Act (ADA) Notice

No qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs or activities of the Treasurer of Missouri, or be subjected to discrimination by the Treasurer of Missouri. Any applicant for the Missouri Linked Deposit program who needs special accommodations (e.g. documents prepared in an alternative format or special telecommunications assistance) should request such accommodations from the Treasurer. For more information about such services, contact the Investments Department at 573-751-8530.